


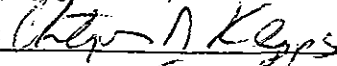
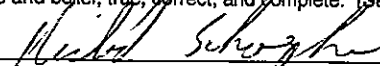
# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER  018-185	2. PERIOD COVERED MO DAY YEAR From 07 01 2000 Through 06 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
RICHARD SCHOEPEKE CARPENTERS AFL-CIO LU 2832 452 W 6TH AVE OSHKOSH, WI 54901  6/2001		8. MAILING ADDRESS (Type or print in capital letters.) First Name RICHARD Last Name SCHOEPEKE P.O. Box • Building and Room Number (if any)  Number and Street 452 W 6TH ST City OSHKOSH State ZIP Code + 4 WI 54901 -		
4. AFFILIATION OR ORGANIZATION NAME				
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No				
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number	14 Schenck + Associates SC 712 Riverfront Drive, Suite 301 Sheboygan, WI 53081			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
57. SIGNED:  9/21/01 (920) 725-8171 Date Telephone Number		PRESIDENT (If other title, see instructions.) 58. SIGNED:  9/21/2001 (920) 233-5383 Date Telephone Number		
		TREASURER (If other title, see instructions.)		

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | X  |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | X   |    |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   |     | X  |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 187

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 50000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No  
X  
 (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR  
06 2004

23. What are your organization's rates of dues and fees?  
 (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>29</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>100</u>
(c) Transfer Fees	\$ <u>-</u>
(d) Work Permits	\$ <u>29</u> per <u>month</u> (Month, Year, etc.)

# 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 018-185

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
Last Name 1. HASSLER Title PRESIDENT	First Name PHILIP Status C	1160	75	1235
Last Name 2. MELSO Title VICE PRESIDENT	First Name MICHAEL Status C	1360	75	1435
Last Name 3. MEULEMANS Title FINANCIAL SECRETARY	First Name PATRICK Status C	3848	180	4028
Last Name 4. SCHOEPKE Title TREASURER	First Name RICHARD Status C	1920	75	1995
Last Name 5. HOEFER JR Title RECORDING SECRETARY	First Name EDWIN Status C	2161	105	2266
Last Name 6. GUNZ Title TRUSTEE	First Name BOB Status C	534	0	534
Last Name 7. BISHOP Title STEWARD	First Name DAVE Status C	304	174	478
8. Totals from additional pages (if any)		2,131	348	2,479
9. Totals of Lines 1 through 8		13,418	1,032	14,450
		10. Less Deductions 1441		
Enter the Total from Line 11 in ..... Item 45 ⇒		11. Net Disbursements 13009		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	61 636	69 213	32. Accounts Payable .....	0	0
	26. Loans Receivable .....	0	0	33. Loans Payable .....	0	0
	27. U.S. Treasury Securities .....	0	0	34. Mortgages Payable .....	0	0
	28. Investments .....	0	0	35. Other Liabilities .....	874	978
	29. Fixed Assets .....	2748	3391	36. TOTAL LIABILITIES .....	874	978
	30. Other Assets .....	0	0	37. NET ASSETS (Item 31 less Item 36).....	63510	71626
	31. TOTAL ASSETS.....	64384	72604			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	71582	45. To Officers (from Item 24) .....	13009
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	2413
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	41196
	41. Interest & Dividends .....	3080	48. Office & Administrative Expense .....	1640
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	1860
	43. Other Receipts .....	448	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	75110	51. Contributions, Gifts & Grants .....	1485
	<b>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</b>		52. Purchase of Investments & Fixed Assets .....	1800
			53. Loans Made .....	0
			54. Other Disbursements .....	4130
			55. TOTAL DISBURSEMENTS .....	67533

ORGANIZATION NAME: CARPENTERS AFL-CIO LU 2832

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 018-185

PAGE 1 OF 1 ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name: <u>SLOWATENIEC</u> First Name: <u>FRANK</u> Title: <u>WARDEN</u> Status: <u>C</u>		<u>224</u>	<u>0</u>	<u>224</u>
Last Name: <u>MICHENER</u> First Name: <u>JAMES</u> Title: <u>TRUSTEE</u> Status: <u>C</u>		<u>979</u>	<u>0</u>	<u>979</u>
Last Name: <u>ROMPORTL</u> First Name: <u>JOE</u> Title: <u>STEWARD</u> Status: <u>C</u>		<u>192</u>	<u>174</u>	<u>366</u>
Last Name: <u>HOEPER</u> First Name: <u>MARK</u> Title: <u>TRUSTEE</u> Status: <u>C</u>		<u>431</u>	<u>0</u>	<u>431</u>
Last Name: <u>KNABENBAUER</u> First Name: <u>TODD</u> Title: <u>STEWARD</u> Status: <u>C</u>		<u>305</u>	<u>174</u>	<u>479</u>
Last Name: First Name: Title: Status:				
Last Name: First Name: Title: Status:				
Last Name: First Name: Title: Status:				
Totals		<u>2,131</u>	<u>348</u>	<u>2,479</u>

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				